

**FORM C**

**LAW SCHOOL STATEMENT  
REGARDING TESTING ACCOMMODATIONS GRANTED**

\_\_\_\_\_  
Applicant Name

The above-named applicant received testing accommodations for the following disability(s) while taking exams at this school: \_\_\_\_\_

\_\_\_\_\_  
during the following periods: \_\_\_\_\_

The testing accommodations provided are described as follows:

\_\_\_\_\_  
\_\_\_\_\_

Was medical documentation provided by the student or medical professional when the accommodation was first requested?

\_\_\_\_\_

What medical documentation was provided? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Law School

\_\_\_\_\_  
Telephone #